

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1774AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2009
NAME OF PROVIDER OR SUPPLIER LOYALTON OF LAS VEGAS		STREET ADDRESS, CITY, STATE, ZIP CODE 3025 E RUSSELL ROAD LAS VEGAS, NV 89120		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation and resurvey conducted in your facility on 6/11/09/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for eighty-nine (89) Residential Facility for Group beds for elderly and disabled persons and sixteen (16) persons with Alzheimer's disease Category II residents. Four resident files were reviewed. Complaint #22216 was substantiated without deficiencies. Complaint #22175 was substantiated, See Tag 860. The following non-complaint deficiencies were identified:	Y 000		
Y 860 SS=D	449.274(6)(a) Medical Care NAC 449.274 6. The members of the staff of the facility shall: (a) Ensure that the resident receives the personal care that he requires.	Y 860		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 860	Continued From page 1 This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to provide the resident with the personal care identified in the resident care information sheet for Resident #1. Severity: 2 Scope: 1	Y 860		
Y 876 SS=D	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on interview and record review on 6/11/09, the facility failed to ensure that an ultimate user agreement was followed for 1 of 4 residents. Resident #2 was permitted to self administer three medications since September 2008. There was a physician order and a signed ultimate user agreement the facility would provide the medications. Severity: 2 Scope: 1	Y 876		
Y 878 SS=F	449.2742(6)(a)(1) Medication / Change order	Y 878		

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Y 878	Continued From page 2 NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 6/11/09, the facility failed to ensure that 2 of 4 residents received medications as prescribed (Resident #2 and #4). Review of the June Medication Administration Record revealed nine other residents did not receive medications as ordered while waiting for a refill from the pharmacy. This was a repeat deficiency from the 5/28/09 complaint investigation survey. This was a repeat deficiency from the 5/13/09 complaint investigation survey. This was a repeat deficiency from the 3/24/09 State Licensure Re-survey. This was a repeat deficiency from the 1/30/09 State Licensure Survey. Severity: 2 Scope: 3	Y 878			
Y 883 SS=F	449.2742(7) Medication / Resident Refusal NAC 449.2742	Y 883			

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Y 883	Continued From page 3 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the physician was notified for missed medications for 3 of 4 residents (Resident #2, #3 and #4). This is a repeat deficiency from the 1/30/09 State Licensure Survey and 5/28/09 complaint investigation. Severity: 2 Scope: 3	Y 883			
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 6/11/09, the facility	Y 936			

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Y 936	Continued From page 4 failed to ensure 1 of 4 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #4) which affected all residents. This was a repeat deficiency from the 1/30/09 State Licensure survey. Severity: 2 Scope: 3	Y 936			

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